

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: No

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR  
DIAGNOSIS AND THERAPY OF MEDICAL  
CONDITIONS INVOLVING ANGIOGENESIS

Attorney Docket Number:: 400068.413

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 10

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	L
Family Name::	Magnani
Name Suffix::	
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	325 West Side Drive, Apt. 101
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20878

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	T
Family Name::	Patton
Name Suffix::	Jr
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	18932 Marsh Hawk Lane
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20879

**Correspondence Information**

Correspondence Customer Number :: **00500**  
Phone number:: 206.622.4900  
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**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional claiming the benefit under 35 U.S.C. 119(e)	60/393,577	07/03/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	GlycoMimetics, Inc.
Street of mailing address::	14915 Broschart Road, Suite 200
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20850

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